IOWA STATE UNIVERSITY
OF SCIENCE AND TECHNOLOGY

College of Design
Request for Withdrawal from an International Program

Program: _____

Semester *(circle one)*: Spring Summer Fall Year: _____

Personal and Academic Information

Name: _____

ISU ID #: _____ E-mail address: _____

Permanent address: _____ Tel: _____

_____ Cell: _____

Reason for Withdrawal

□ Financial Constraints □ Medical Withdrawal* □ Academic Warning/Probation

□ Other, please explain: _____

*Medical withdrawal requires written verification from a physician including diagnosis and dates of treatment, which should be attached to this form.

Additional Information

I understand that by withdrawing from this international program, I will be subject to financial penalties that will be posted on my U-bill as outlined on my financial agreement, including all program payments the college is obligated to make on my behalf. I understand that if I am withdrawing close to or after the commencement of the international program, courses available to me for the semester may be limited or I may not be able to enroll in classes. I understand that if I am withdrawing for medical reasons, I am still responsible for the non-refundable application fee and all program payments the college is obligated to make on my behalf.

_____

Student signature Date

_____

International Programs Coordinator signature Effective Date of Withdrawal

Please return this form to the International Programs Coordinator.